

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non Emergency
Charter Certificate

Donald Harrington dba Satellite Express

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2011 - 347 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Donald Harrington

Telephone: 803-692-6020

Address: 404 Peatree Ct

Fax:

Florence SC 29505

Other:

Email: satellite_express@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

231749
2011-347-T

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 08/24/2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
dba Satellite Express

Donald ~~X~~ Harrington (sole proprietorship)

404 Peatree Ct Florence SC 29505
Street Address of Applicant

same as above
Mailing Address of Applicant (if different from street address)

803-692-6020
Phone

Fax

satellite_express@aol.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2011

Assets:

Cash	4,000
Receivables	0
Real Estate	14,900
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	20,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	1,000
Prepays and Other Assets	0
Total Assets *	39,900
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity *	39,900

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Fares - \$400 maximum

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Grand Carav	2009 Dodge	2D8HN44E29R571348	4,015	
Grand Carav	1997 Dodge	2B4GP44R9VR139578	4,015	

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Donald M Harrington

Name of Applicant

404 Peatree Ct Florence SC 29505

Address of Applicant

Amount of Premium:

Liability Insurance \$ 6,778.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Maxum Casualty Insurance Company

Name of Insurance Company

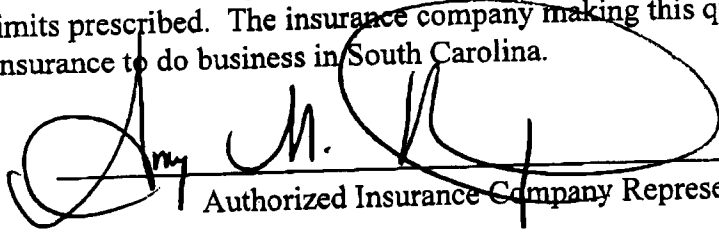
3655 N Point Pkwy Suite 500 Alpharetta GA 30005

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-24-11

Date


Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Donald M Harrington

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Donald Hamflin
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Florence)

SWORN TO BEFORE ME
This 2nd day of August, 2011

Janice L Cook
Notary Public

Commission Expires August 8th 2016

To Whom It May Concern:

After Speaking with the ORS Inspector yesterday and advising that I have a current application in Docket# 2011-309T. It is asked if this application can be expedited due to the need for this certification for my contract to drive as a non medical transportation. I will still currently use the Charter C to transport without wheel chair services but I will also need this one and did not understand that the other one was just for transport and not non medical transport, since the coversheet is checked for non medical transport.

Thanks

Donald Harrington



Schmieding, Janice

From: Don Harrington [satellite_express@aol.com]
Sent: Thursday, August 25, 2011 10:56 AM
To: Schmieding, Janice
Subject: Spam:Charter Application Request

Good Morning Janice-

Per our conversaiton, would you please have the non emergency class "C" Charter read the same as the previous Class "C" charter that was filed previously.

Thanks,

Don Harrington
satellite_express@aol.com